FOR OFFICE USE ONLY:
DATE ENTERED:
REGISTRAR NAME:

## FRANKFORT COMMUNITY UNIT DISTRICT 168 DISTRICT-WIDE FAMILY REGISTRATION FORM

FOR OFFICE USE ON	<b>LY</b> :
BUS TRANSPORT?	BUS NUM.:
F/R LUNCH?	ELIG. DATE:

PRIMARY PARENT NAMES:					(PARENT THAT STUDENT LIVES WITH)	
RELATIONSHIPS:   PARENT'S MARITAL STATUS  PARENT ADDRESS:					ationship?)	
	(HOUSE NUMBER)					
		(CITY, STATE, ZI				
ALTERNATE MAILING ADDR	ESS:					
HOME PH.: ( )			- FA1 - MO			
EMAIL ADDRESS:		(NE	EDED FOR PARENTAL AC	CESS TO PARENT	PORTAL)	
		STUDE	ENTS REGISTERI	NG:		
#1 STUDENT NAME	<u>GENDER</u>	BIRTHDATE	SOCIAL SEC. #	GRADE	ALTERNATE PARENT NAME & ADDRESS	
#2 STUDENT NAME	GENDER	BIRTHDATE	SOCIAL SEC. #	<u>GRADE</u>	ALTERNATE PARENT NAME & ADDRESS	
#3 STUDENT NAME	<u>GENDER</u>	<u>BIRTHDATE</u>	SOCIAL SEC. #	<u>GRADE</u>	ALTERNATE PARENT NAME & ADDRESS	
#4 STUDENT NAME	GENDER	BIRTHDATE	SOCIAL SEC. #	GRADE	ALTERNATE PARENT NAME & ADDRESS	
#5 STUDENT NAME	<u>GENDER</u>	<u>BIRTHDATE</u>	SOCIAL SEC. #	<u>GRADE</u>	ALTERNATE PARENT NAME & ADDRESS	
Emergency Contacts: Name: Name:	Address:Address:Address:Address:		Phone Number: Phone Number: Phone Number:			